	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					TOTAL COL
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D					
	Designated Agency Contact	(Name,Title)	on the second se			
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Torrad Explanation in Function
	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				01.00
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$	91.00
	Event Description: LA Phil		Г	late(s) 12	, 03 , 2021	1 1
	Event Bedeription.	Provide Title/ Explai	nation	/uto(0)		
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 If	no:	Name of Source	
	Man tiplest distribution made	a at the habeat				
	Was ticket distribution made of agency official?	at the benest Yes [∐ No ■ ''	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager A. Name of Agency, Depart	Number		lual. Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy		
	Staff		2	Per ticket po	olicy 5.3 (k)	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other Caremonial Role" or "Other" des	
				- 1000	nonial Role Other ching "Ceremonial Role" or "Other" des	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

4. Verification

Comment: _

with the requirements.	Parhara Cara	:_	A alian line line 4 and 4	iva Director		1/11/2022	,
	O Negarations 10044	. r ana 10542. The	ave vermed that the	distribution set	ionin above,	is in accorde	arroc
I have read and understand FPF	PC Regulations 18944	1 and 18942 I ha	ave verified that the	distribilition set	torth above	is in accorda	ancı

200	In	MUM		Barba
	Signature of	Agency Head or	Designee	

Barbara Garcia

Administrative Director

1/11/2022

Print Name

(month, day, year)

I. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or F	Region (if applicable)			1	For Official Use Only
Board of Supervisor, Firs	t District				
Designated Agency Conta					
Barbara Garcia, Ticket A	dministrator			— A	
Area Code/Phone Number				Amendment (Must Pri	ovide Explanation in Part 3.)
213-974-4111	bgarcia@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event In	formation			47.3	0.1.00
Does the agency have a	ticket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$	91.00
Event Description: LA P	hil Provide Title/ Exp	Dlanation	ate(s)	04 2021	
Ticket(s)/Pass(es) provid			no:	Name of Source	
Was ticket distribution m of agency official?	ade at the behest Yes	s□ No■ ^{If}	yes:	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the	agency's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identify	an outside organization.
	Department or Unit	Number of Ticket(s)/ Passes	VALUE AND CO.	ual. Use Section C to identify an outside organization. e public purpose made pursuant to the agency's policy	
Staff	aff		Per ticket policy 5.3 (k)		
	Individual , First)	Number of Ticket(s)/ Passes		identify one of the fo	Income 🔲
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			nonial Role Other Other or "Other" descriptions	Income Income
C. Name of Outsic (include address	le Organization and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
				1000, 500	
4. Verification I have read and understand	FPPC Regulations 1894	14.1 and 18942. I	have verified t	that the distribution set fo	rth above, is in accordance
with the requirements.	* Darbara C-	roio	ساسد ۸	nintrative Director	4/44/0000
Signature of Agency Head or Do	Barbara Ga	Print Name	Aami	nistrative Director	1/11/2022 (month, day, year)
					(month, day, year)
Comment:					

_	eremonial Role Even	its and Ticket/P	ass Distr	ibutions		Public Document	
	Agency Name				Date Stamp	California 802	
	County of Los Angeles Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisor, First D						
	Designated Agency Contact						
	Barbara Garcia, Ticket Adm	**************************************					
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)	
:	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
	Function or Event Infor	mation			To the State of th		
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	191.00	
	Event Description: LA Phil		Г	Date(s) 12	, 10 , 2021	1 1	
	Event Description.	Provide Title/ Explai	nation	Jule (3)			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No ■ I	f no:	Name of Source		
٠,	Was ticket distribution made	a at the behest v r	I	f yes:			
-	of agency official?	e at the penest Yes [NO <u>■</u> "	. , 55.	Official's Name (Last, First)		
	Recipients						
	Use Section A to identify the agent	ncy's department or unit. •		dentify an individu	ial. Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
	Staff						
			2	Per ticket p	olicy 5.3 (k)		
	B. Name of Ind		Number of Ticket(s)/	Per ticket p	olicy 5.3 (k)	ollowing:	
	B. Name of Ind (Last, Fir		Number		Identify one of the f		
			Number of Ticket(s)/	Ceren] Income [
			Number of Ticket(s)/	Ceren If check	Identify one of the formation on the formation of the for	Income [
		Organization	Number of Ticket(s)/	Ceren If check	Identify one of the formal Role Other can contain the containing "Ceremonial Role" or "Other" description on the can	Income I	
	(Last, Fin	Organization	Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If check	Identify one of the formal Role Other can contain the containing "Ceremonial Role" or "Other" description on the can	Income scribe below:	
1	C. Name of Outside O (include address and	Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check Ceren If check Describe th	Identify one of the formal Role Other of the finding "Ceremonial Role" or "Other" designs "Ceremonial Role Other of the fing "Ceremonial Role" or "Other" designs "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremonia	Income scribe below: Income scribe below: Income scribe below:	
1	C. Name of Outside O	Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check Ceren If check Describe th	Identify one of the formal Role Other of the finding "Ceremonial Role" or "Other" designs "Ceremonial Role Other of the fing "Ceremonial Role" or "Other" designs "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremonia	Income [scribe below: Income [scribe below: scribe below:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 Date of Original Filing: . bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 191.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes No 🗆 Date(s) 12 / 11 Event Description: LA Phil Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description)

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4.	•	•	rit		381	-	n
	··w	•			71.	u	

Comment:

with the requirements.

V	W	44	ON	1	
Sian	ature of	Agency	Head or D	esigne	e

Barbara Garcia

Administrative Director

1/11/2022

Print Name

Clear

Title

(month, day, year)

1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (if applicable)		· · · · · · · · · · · · · · · · · · ·		For Official Use Only	
	Board of Supervisor, First D	Istrict					
	Designated Agency Contact	Name, Title)		1 1			
	Barbara Garcia, Ticket Adm	inistrator			Amandment (Must Dec	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Musi Pro	vide Explanation in Part 3.)	
W-100	213-974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				04.00	
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	84.00	
	Event Description: LA Phil	Provide Title/ Exp	D	ate(s)	, 14 , 2021		
	Ticket(s)/Pass(es) provided	21 0020 0000		no:			
	(0) 200(00) p.0.,200	~, ~gee,			Name of Source		
	Was ticket distribution made	at the behest Yes	s□ No∎ lf	yes:	Official's Name (Last, First)		
	of agency official?				Omoidra Namo (Edat, Firat)		
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit.	• Use Section B to id	dentify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made pursu		
	Staff			Per ticket po	policy 5.3 (k)		
			2		· · · ·		
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
					onial Role Other Other Other Other Other Other Other Other Other	Income In	
					onial Role Other Onial Role Other Other Other Other Other Other	Income Income	
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy		
	Verification						
••	I have read and understand FP	PC Regulations 1894	14.1 and 18942. I	have verified t	hat the distribution set for	th above, is in accordance	
	with the requirements.	Dosh 0 -	roio	۰ ـ ـ ا ـ ۸	alatativa Disasta	414410000	
	Signature of Agency Hood or Davis	Barbara Ga		Admii	nistrative Director	1/11/2022	
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	
	Comment:			11-75-AT-LOVE			

Agency Name				Date Stamp	California 802
County of Los Angeles	- V - Dis - William Ve				
Division, Department, or Region (if application)	able)				For Official Use Only
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail				Amendment (Must P	rovide Explanation in Part 3.)
	bos.lacou	nty.gov	D	ate of Original Filing:	(month, day, year)
Function or Event Information					100.00
Does the agency have a ticket policy?	Yes I	■ No□ F	ace Value of Ea	ch Ticket/Pass \$	108.00
Event Description: LA Phil	de Title/ Expla	D	ate(s)//	7 , 2021	
Ticket(s)/Pass(es) provided by agency	? Yes[□ No ■ If	no:	Name of Source	
Mes tiplest distribution made at the bak		If			
Was ticket distribution made at the beh of agency official?	iest Yes [_l No∎ "	yes	Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department	nt or unit. •	Use Section B to ic	dentify an individual.	Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Un	it	Number of Ticket(s)/ Passes	Describe the p	ublic purpose made pur	suant to the agency's policy
Staff		4	Per ticket polic	y 5.3 (k)	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			Ceremonia	al Role Other C	
				Ceremonial Role" or "Other" de	
			If checking to		scribe below:
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	If checking ' Ceremonia If checking '	Ceremonial Role" or "Other" de	scribe below:
		of Ticket(s)/	If checking ' Ceremonia If checking '	Ceremonial Role" or "Other" de	scribe below: Income [scribe below:
Verification I have read and understand FPPC Regulat	ions 18944	of Ticket(s)/ Passes	If checking to the checking to	Ceremonial Role" or "Other" de	Income scribe below:
Verification I have read and understand FPPC Regulat with the requirements.	ions 18944	of Ticket(s)/ Passes	Ceremonia If checking Describe the pure	Ceremonial Role" or "Other" de	Income scribe below:

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A Public Document

1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Tollii 202
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D	Istrict				
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm	inistrator				
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Ye	s∎ No□ F	ace Value of	Each Ticket/Pass \$ _	92.00
	Event Description: LA Phil		D	ate(s)	<u>, 18 , 2021</u>	
	Ticket(s)/Pass(es) provided			no:		
	(c)// des(es/ provided	2) ago			Name of Source	
	Was ticket distribution made	at the behest Ye	s □ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		• Use Section B to id Number of Ticket(s)/			ify an outside organization.
			Passes			
	Staff		2	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	
					nonial Role Other C king "Ceremonial Role" or "Other" de	
					nonial Role Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
4.	Verification					
	I have read and understand FP with the requirements.	PC Regulations 189	44.1 and 18942. I	have verified t	that the distribution set f	forth above, is in accordance
	modele	Barbara Ga	arcia	Admi	nistrative Director	1/11/2022
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
	Comment:					

Clear

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			. Agency Name			
ivision, Department, or Region (if applicab	County of Los Angeles				California 802	
Division, Department, or Region (if applicable)					For Official Use Only	
oard of Supervisor, First District						
esignated Agency Contact (Name, Title)						
arbara Garcia, Ticket Administrator	Amendment (Must Provide Explanation in Part 3.)					
rea Code/Phone Number E-mail						
13-974-4111 bgarcia@b	os.lacour	nty.gov		Date of Original Filing: .	(month, day, year)	
unction or Event Information			THE RESERVE OF THE PERSON OF T			
oes the agency have a ticket policy?	Yes	I No□ F	ace Value of	Each Ticket/Pass \$	92.00	
vent Description: LA Phil			12 (a)	, 18 , 2021		
Provide	Title/ Explana	ation	ale(s)			
icket(s)/Pass(es) provided by agency?	Yes [] No 🔳 If	no:	Name of Source		
las tisket distribution made at the habe	<u>-</u>					
/as ticket distribution made at the behe of agency official?	est Yes L	」No■ "	yes	Official's Name (Last, First)		
or agency official:			210			
Recipients						
Use Section A to identify the agency's department	t or unit. • U	lse Section B to ic	dentify an individu	ial. Use Section C to identify	y an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
Staff		2	Per ticket policy 5.3 (k)			
B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the fo	ollowing:	
(Last, First)		Passes				
				nonial Role Other Cing "Other" des		
				nonial Role Other cing "Ceremonial Role" or "Other" des		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
erification						
have read and understand FPPC Regulatio ith the requirements.	ns 18944.	1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordanc	
Barbara Garci		а	Admi	nistrative Director	1/11/2022	

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/	r u	L.	1116	-u	Lak		C 111

. Agency Name				Date Stamp	California 802	
County of Los Angeles					1 Olim	
Division, Department, or Region (if applicable)				!	For Official Use Only	
Board of Supervisor, Firs	t District					
Designated Agency Conta	ict (Name,Title)					
Barbara Garcia, Ticket Administrator				☐ Amendment (Must I	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail						
213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)	
Function or Event Inf	formation				108.00	
Does the agency have a	ticket policy? Yes			Each Ticket/Pass \$ _	100.00	
Event Description: LA PI	hil	D	ate(s)12	, 22 , 2021		
	Provide Title/ Expla	nation				
Ticket(s)/Pass(es) provid	ed by agency? Yes	□ No ■ If	no:	Name of Source		
Was ticket distribution ma	ade at the behest Ves	□ No ■ If	yes:			
of agency official?	163	LI NO	· Commission in the commission of the commission	Official's Name (Last, First)		
	A CONTRACTOR OF THE CONTRACTOR					
Recipients					₩ 927839-96 10 9245	
Use Section A to identify the a	agency's department or unit. •		dentify an individu	ual. Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
Staff		4	Per ticket policy 5.3 (k)			
	Individual	Number of Ticket(s)/		Identify one of the	following:	
(Last, First)		Passes	Ceren	nonial Role Other	Income [
			lf checi	king "Ceremonial Role" or "Other" de	escribe below:	
<u></u>				nonial Role Other Cing "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
A STANDARD OF THE SALES OF THE STANDARD PROPERTY OF THE SALES OF THE S			1		1.000	
A STANDARD OF THE SALES OF THE STANDARD PROPERTY OF THE SALES OF THE S						
A STANDARD OF THE SALES OF THE STANDARD PROPERTY OF THE SALES OF THE S						
Verification I have read and understand	FPPC Regulations 18944	1.1 and 18942. I	have verified t	that the distribution set f	orth above, is in accordance	
Verification	FPPC Regulations 18944 Barbara Garc			that the distribution set f	orth above, is in accordance	

1. Agency Name		Date Stamp	California 802		
County of Los Angeles		Tollii OOL			
Division, Department, or Region (if applicable)		For Official Use Only			
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator		T Amendment (1)	st Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail	A 20 PM				
213-974-4111 bgarcia@bos.la	acounty.gov	Date of Original Filin	g:(month, day, year)		
2. Function or Event Information					
Does the agency have a ticket policy?	Yes■ No□ F	ace Value of Each Ticket/Pass\$	209.00		
Event Description: LA Phil Provide Title/	Explanation	ate(s) 12 / 31 / 2021			
		no:			
(-,,,		Name of Source			
Was ticket distribution made at the behest	Yes □ No ■ If	yes:Official's Name (Last, First	n41		
of agency official?		Ollicial's Name (Last, Firs	St)		
Recipients Use Section A to identify the agency's department or un Name of Agency, Department or Unit	nit. •Use Section B to ic Number of Ticket(s)/	lentify an individual. Use Section C to ide			
	Passes				
Staff	2	Per ticket policy 5.3 (k)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of th	e following:		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other"			
		Ceremonial Role Other			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
4. Verification I have read and understand FPPC Regulations 1	8944.1 and 18942. I	have verified that the distribution se	t forth above. is in accordance		
with the requirements.		To more than the distribution so	abovo, io in aboordanoo		
Barbara (Garcia	Administrative Director	1/11/2022		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
			281		
Comment:					